

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature – First Regular Session

**AD HOC COMMITTEE ON
ASPECTS OF CONTACT LENS MARKET**

Report of Ad Hoc Committee
Tuesday, October 20, 2015
Senate Hearing Room 2 -- 10:30 a.m.

MINUTES RECEIVED
CHIEF CLERK'S OFFICE
10-21-15

Convened 10:37 a.m.

Recessed

Reconvened

Adjourned 12:04 p.m.

Members Present

Representative Heather Carter, Chairman
Representative Randy Friese
Michelle Ahlmer
Jeff Buel
Dr. Annette Hanian
Michael Hunter
Jay Magure
Art Salas

Members Absent

Representative Warren Petersen
Dr. Daniel Briceland

Agenda

Original Agenda – Attachment 1

Request to Speak

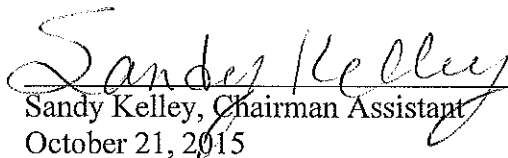
None

Handouts given to Committee Members

<u>Name</u>	<u>Handout Name</u>	<u>Attachment</u>
Paul Benny	Formulation of Questions and Answers	Attachment 2
Dr. Annette Hanian	Tyler's Quarterly Soft Contact Lens Parameter Guide	Attachment 4
Dr. Annette Hanian	Online Contact Retailers	Attachment 5

Presentations

<u>Name</u>	<u>Organization</u>	<u>Attachments (Handouts)</u>
Cheyenne Walsh	Isaacson & Walsh	Attachment 3


Sandy Kelley, Chairman Assistant
October 21, 2015

(Original attachments on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov>)

AD HOC COMMITTEE ON
ASPECTS OF CONTACT
LENS MARKET
Tuesday, October 20, 2015

ARIZONA HOUSE OF REPRESENTATIVES

INTERIM MEETING NOTICE OPEN TO THE PUBLIC

HOUSE AD HOC ON ASPECTS OF CONTACT LENS MARKET

Date: Tuesday, October 20, 2015

Time: 10:30 A.M.

Place: SHR 2

AGENDA

1. Call to Order
2. Discussion on Questions Raised During the Committee Hearing on 8-31-15 on Contact Lenses Regarding the Following:
 - Prescription Expiration, Payments, Demographics, Types of Lenses, Medical Devices and Other Matters Relating Thereto
3. Optometrist Response to Questions Listed in Item 2, Lenses in the Retail Industry, Prescriptions and Matters Related Thereto
4. Public Testimony
5. Discussion Topics for Final Hearing
6. Adjourn

Members:

Representative Heather Carter, Chair
Representative Randall Friese
Representative Warren Petersen
Michelle Ahlmer
Dr. Daniel Briceland
Jeff Buel

Dr. Annette Hanian
Michael Hunter
Jay Magure
Art Salas
Vacant

10/16/15
NW
JY

People with disabilities may request reasonable accommodations such as interpreters, alternative formats, or assistance with physical accessibility. If you require accommodations, please contact the Chief Clerk's Office at (602) 926-3032, TDD (602) 926-3241.



Arizona House of Representatives House Majority Research MEMORANDUM

Paul Benny

Legislative Research Analyst

Committee on Banking and Financial Services

Committee on Insurance

(602) 926-4587

pbenny@azleg.gov

To: Members of the House Ad Hoc on Aspects of Contact Lens Market

Re: Formulation of Questions and Answers

Date: October 20, 2015

Members,

The following is a list of questions raised during the Contact Lens Market Committee hearing on 8-31-15. The answers were derived from the following sources: 1-800-Contacts, Johnson & Johnson, and House Research Staff. The information received and compiled is for review and discussion only and should not be interpreted as absolute.

Formulation of Answers are as follows:

- 1. Number of consumers that pay with vision insurance versus those that pay directly out of pocket?**

<i>Management & Business Academy-</i>	
Vision Insurance Plans	52%
Medicare	15%
Out-of-Pocket	33%

<i>Johnson & Johnson-</i>	
Vision Insurance Plans	70%
Out-of-Pocket	30%

- 2. What portion of the U.S. population requires corrective vision?**

<i>National Eye Institute</i>	
<i>Vision Council of America-</i>	
Total % that use corrective lens	75%

% wear glasses	64%
% wear contacts	11%

Vision Impact Institute-

Total % that use corrective lens 75%

Of the 75%

% wear glasses	71%
% wear contacts	22%

3. How many types of contact lenses are there?

Food and Drug Administration (FDA)-

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/ContactLenses/ucm062319.htm>

Soft, Rigid Gas Permeable, Extended Wear, Disposable, Orthokeratology, Decorative

Johnson & Johnson-

The FDA divides contact lenses into two general categories- soft and rigid gas permeable (RGP). Within those categories, lenses differ based on different combinations of materials (specific to the lens brand) and features like replacement schedule, applied wetting agent, oxygen permeability, thickness, water content, fit, and unique function- for example, orthokeratology lenses are those that alter the curvature of the wearers' cornea. With so many unique combinations, there are over 160 types of contact lenses.

1-800-Contacts-

Tyler's Quarterly Soft Contact Lens Parameter Guide (Vol. 32 No.3) provides information on numerous types of contact lenses.

4. Most commonly prescribed lens and how many have UPP attached to them?

1-800-Contacts-

Johnson & Johnson, with the largest market share and with all of their products under UPP, have 10 products. Alcon has 7, Cooper has 3, and Bausch & Lomb has 1.

5. Statute reference on the expiration of a prescription?

32-1968. Dispensing prescription-only drug; prescription orders; refills; labels; misbranding; dispensing soft contact lenses

A. A prescription-only drug shall be dispensed only under one of the following conditions:

1. By a medical practitioner in conformance with section 32-1921.

2. On a written prescription order bearing the prescribing medical practitioner's manual signature.
 3. On an electronically transmitted prescription order containing the prescribing medical practitioner's electronic or digital signature that is reduced promptly to writing and filed by the pharmacist.
 4. On a written prescription order generated from electronic media containing the prescribing medical practitioner's electronic or manual signature. A prescription order that contains only an electronic signature must be applied to paper that uses security features that will ensure the prescription order is not subject to any form of copying or alteration.
 5. On an oral prescription order that is reduced promptly to writing and filed by the pharmacist.
 6. By refilling any written, electronically transmitted or oral prescription order if a refill is authorized by the prescriber either in the original prescription order, by an electronically transmitted refill order that is documented promptly and filed by the pharmacist or by an oral refill order that is documented promptly and filed by the pharmacist.
 7. On a prescription order that the prescribing medical practitioner or the prescribing medical practitioner's agent transmits by fax or electronic mail.
 8. On a prescription order that the patient transmits by fax or by e-mail if the patient presents a written prescription order bearing the prescribing medical practitioner's manual signature when the prescription-only drug is picked up at the pharmacy.
- B. A prescription order shall not be refilled if it is either:
1. Ordered by the prescriber not to be refilled.
 2. More than one year since it was originally ordered.
- G. A pharmacist may fill a prescription order for soft contact lenses only as provided in this chapter.

32-1976. Dispensing replacement soft contact lenses; prescription

- A. A prescription order for replacement soft contact lenses may be dispensed under the following conditions:
1. The prescription order shall be in the form required by this chapter and shall include the name of the prescribing physician or optometrist.
 2. The prescription order contains the date of issuance.
 3. The prescription order for contact lenses includes the lens brand name, type, tint and all other specifications necessary to accurately dispense the prescription.
- B. The prescription shall be dispensed with the exact lenses prescribed and no substitutions shall be made. The expiration date of the prescription shall be the earlier of the expiration date provided by the prescribing physician or optometrist or one year after the date of issuance. A refill of a prescription that is within sixty days of its expiration date shall be filled with no more than the sufficient quantity of replacement soft contact lenses needed through the expiration date.

FAIRNESS TO CONTACT LENS CONSUMERS ACT

Public Law 108-164 108th Congress

15 USC 7604, SEC. 5. EXPIRATION OF CONTACT LENS PRESCRIPTIONS.

(a) In General.--A contact lens prescription shall expire--

(1) on the date specified by the law of the State in which the prescription was written, if that date is one year or more after the issue date of the prescription;

(2) not less than one year after the issue date of the prescription if such State law specifies no date or a date that is less than one year after the issue date of the prescription;

or

(3) notwithstanding paragraphs (1) and (2), on the date specified by the prescriber, if that date is based on the medical judgment of the prescriber with respect to the ocular health of the patient.

(b) Special Rules for Prescriptions of Less Than 1 Year.--If a prescription expires in less than 1 year, the reasons for the judgment referred to in subsection (a)(3) shall be documented in the patient's medical record. In no circumstance shall the prescription expiration date be less than the period of time recommended by the prescriber for a reexamination of the patient that is medically necessary.

(c) Definition.--As used in this section, the term "issue date" means the date on which the patient receives a copy of the prescription.

6. Any grace period on the prescription's expiration?

Federal Trade Commission (FTC) Contact Lens Rule:

<https://www.ftc.gov/tips-advice/business-center/guidance/contact-lens-rule-guide-prescribers-sellers>

Prescription expiration

The Rule allows prescribers to set prescription expiration dates – one year or more from the date the prescription is issued to a patient. If applicable state law requires a specific expiration period that is longer than one year, however, the prescriber must follow that law.

A prescriber may set an expiration date of earlier than one year only if that date is based on the prescriber's medical judgment about the patient's eye health. In these cases, the prescriber must document the medical reason for the shorter expiration date with enough detail to allow for review by a qualified medical professional, and maintain the records for at least three years.

7. **What happens when a person is traveling and orders contacts after the prescription's expiration?**

(The following is provided as an example of how an individual may obtain contacts after the prescription expiration date)

<http://www.visiondirect.co.uk/no-prescription-needed>

No Prescription Needed

VisionDirect.co.uk makes it easy for you to order your contact lenses with or without a prescription. We understand that busy lifestyles can result in a misplaced contact lens prescription, that's why we trust you, if you are confident that you know your contact lens specifications, to order your contact lenses without a prescription.

Easy ways to order your contact lenses from VisionDirect.co.uk:

1. Buy the contact lenses that your optician has prescribed without your prescription

Ordering your contact lenses with no prescription through VisionDirect.co.uk is simple. Just ensure you check the details of your order against your contact lens box or the prescription given to you by your optician. Once you're confident the details are correct, proceed through checkout without asking us to verify your prescription. All orders are processed via our European company, Vision Direct BV, which is based in the Netherlands where prescriptions do not need to be checked.

8. **List of medical devices in Class 1; Class 2; Class 3.**

FDA list of Ophthalmic Devices:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=886>

Class I General Controls

- Require a minimum level of FDA regulation to provide a reasonable assurance of safety and effectiveness
- Examples: tongue depressors, arm slings, hand-held surgical instruments, examination gloves, elastic bandages, and toothbrushes

Class II General Controls and Special Controls

- Require additional regulation to provide reasonable assurance of safety and effectiveness, such as labeling and post market surveillance
- Examples: infusion pumps, hearing aids, X-ray systems, and powered wheelchairs

Class III General Controls and Premarket Approval

- Pose a higher risk of injury or illness
- Subject to premarket approval and increased regulation aimed at ensuring their safety and effectiveness
- Examples: heart valves, pace makers, dental laser, intraocular lenses

9. **How many prescriptions are filled in office vs online retailer?**

FTC Study 2005-

<https://www.ftc.gov/sites/default/files/documents/reports/strength-competition-sale-rx-contact-lenses-ftc-study/050214contactlensrpt.pdf>

Largest Eyecare Retailers 2003

Retailer-	Sales (\$mil)
Luxottica Group (LensCrafters, Pearle Vision, Sears, Target, BJ's).....	\$2,508
Wal-Mart	\$968
Eye Care Centers of America (EyeMasters, Visionworks, Vision World, Hour Eyes, Dr. Bizer's Vision World, Dr. Bizer's Value Vision, Doctor's ValuVision, Doctor's Visionworks, Stein Optical, Eye DrX, Binyon's)	\$370
Costco Wholesale	\$269
National Vision (The Vision Center (operated in Wal-Mart), The Optical Shoppe (in Fred Meyer), National Vision Optical)	\$242
U.S. Vision (J.C. Penney Optical)	\$150
Consolidated Vision Group (America's Best, America's Contacts And Eyeglasses).....	\$126
D.O.C. Optics (D.O.C. Eyeworks, D.O.C. Optique, SportVision, SEE, City Eyes)	\$97
Emerging Vision (Sterling Optical, Site for Sore Eyes, Singer Specs).....	\$92
10 Empire Vision Centers (Empire Vision Centers, Davis Vision Centers, Total Vision Care).....	\$86

Patient Visits By Channel

Channel	Share of Patient Visits	Estimated Share of Filled
Prescriptions Independent M.D.	14.1%	12.3%
Independent O.D.	52.6%	45.8%
Independent Stores and OD Groups	12.2%	10.6%
Chain Retailers and Optical Stores	21.0%	18.4%
Mail Order/Internet	N/A	13.0%

Share of Sales By Channel

Channel	Share of Sales
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Independent M.D.	4.3%
Independent O.D.	64.3%
Mass Merchandisers.....	13.9%
Retail Chains.....	9.5%
Mail Order/Internet.....	8.0%

Johnson & Johnson-

Industry sales data indicates that approx. 85% of prescriptions are filled in the office where the doctor is located (e.g. an independent Optometrist or Ophthalmologist) or in a retail setting (e.g. Wal-Mart), and approx., 15% are filled online.

1-800- Contacts-

Internet	17%
Retailers	28%
Eye Care Professionals	55%

10. How many emergency room visits are related to vision?

Health Cost and Utilization Project-2008

<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb112.pdf>

Findings Overall population

In 2008, there were 636,619 Emergency Department (ED) visits related to eye injuries. This represents a rate of 209 ED visits per 100,000 population. On average, every day there were 1,744 ED visits related to eye injuries. About 3.1 percent of patients seen in the ED for eye injuries were admitted to the hospital— compared to 8.1 percent of ED visits for all other types of injuries.

Johnson & Johnson-

Every year, nearly one million Americans make doctor's visits seeking treatment for contact lens disorders. In 2013, contact lens patients made an estimated 930,000 eye-related visits to doctor's offices and outpatient clinics, and another 58,000 to emergency rooms. Wearing contact lenses is the largest single risk factor for developing an eye infection, specifically keratitis, which is an infection of the cornea that causes pain and inflammation and can lead to blindness in severe cases.

Keratitis can stem from a number of ill-advised, contact lens-related behaviors, including wearing lenses for longer than the prescribed modality or wearing lenses that were not specifically approved by an ECP for the patient's ocular health needs.

(Source: CDC)

- Additional Information provided is a list of states' contact lens prescription expiration periods:

Florida

463.012 Prescriptions; filing; release; duplication.—

(1) A licensed practitioner shall keep on file for a period of at least 2 years any prescription she or he writes.

(2)(a) A licensed practitioner shall make available to the patient or her or his agent any spectacle prescription or duplicate copy determined for that patient. Such prescription shall be considered a valid prescription to be filled for a period of 5 years.

(b) A licensed practitioner shall make available to the patient or her or his agent any daily wear soft contact lens prescription or duplicate copy determined for that patient. **Such prescription shall be considered a valid prescription to be filled for a period of 2 years.**

California

2541.2. (a) (1) The expiration date of a contact lens prescription **shall not be less than one to two years** from the date of issuance, unless the patient's history or current circumstances establish a reasonable probability of changes in the patient's vision of sufficient magnitude to necessitate reexamination earlier than one year, or the presence or probability of visual abnormalities related to ocular or systemic disease indicate the need for reexamination of the patient earlier than one year. If the expiration date of a prescription is less than one year, the health-related reasons for the limitation shall be documented in the patient's medical record. In no circumstances shall the prescription expiration date be less than the period of time recommended by the prescriber for reexamination of the patient.

Nevada

NRS 637.175 Expiration of prescriptions. A prescription received by a dispensing optician shall be deemed to have an **expiration date of 2 years** after the date the prescription was issued unless the practitioner who wrote the prescription includes on the prescription a different period.

Texas

Prescriptions are valid **for at least one year** after the correct prescription has been determined, unless a shorter term is warranted by the health of the patient's eyes or by potential harm to the health of the patient's eyes

Minnesota

Subd. 2. *Prescription expiration date.* -- A prescription written by an optometrist or physician must **expire two years after it is written**, unless a different expiration date is warranted by the patient's ocular health. If the prescription is valid for less than two years, the optometrist or physician must note the medical reason for the prescription's expiration date in the patient's record and must orally explain to the

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patient at the time of the eye examination the reason for the prescription's expiration date.

ARS TITLE PAGE	NEXT DOCUMENT	PREVIOUS DOCUMENT
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32-1976. Dispensing replacement soft contact lenses; prescription

A. A prescription order for replacement soft contact lenses may be dispensed under the following conditions:

1. The prescription order shall be in the form required by this chapter and shall include the name of the prescribing physician or optometrist.
2. The prescription order contains the date of issuance.
3. The prescription order for contact lenses includes the lens brand name, type, tint and all other specifications necessary to accurately dispense the prescription.

B. The prescription shall be dispensed with the exact lenses prescribed and no substitutions shall be made. The expiration date of the prescription shall be the earlier of the expiration date provided by the prescribing physician or optometrist or one year after the date of issuance. A refill of a prescription that is within sixty days of its expiration date shall be filled with no more than the sufficient quantity of replacement soft contact lenses needed through the expiration date.

C. The prescription shall be dispensed with a written notice containing the following wording or its substantial equivalent:

Warning: If you are having any unexplained eye discomfort, watering, vision change or redness, remove your lenses immediately and consult your eye care practitioner before wearing your lenses again.

D. Any advertisement by a pharmacy or pharmacist for replacement soft contact lenses shall include all charges associated with the purchase of replacement soft contact lenses from the pharmacy or pharmacist.

ARS TITLE PAGE	NEXT DOCUMENT	PREVIOUS DOCUMENT
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32-1968. Dispensing prescription-only drug; prescription orders; refills; labels; misbranding; dispensing soft contact lenses

A. A prescription-only drug shall be dispensed only under one of the following conditions:

1. By a medical practitioner in conformance with section 32-1921.
2. On a written prescription order bearing the prescribing medical practitioner's manual signature.
3. On an electronically transmitted prescription order containing the prescribing medical practitioner's electronic or digital signature that is reduced promptly to writing and filed by the pharmacist.
4. On a written prescription order generated from electronic media containing the prescribing medical practitioner's electronic or manual signature. A prescription order that contains only an electronic signature must be applied to paper that uses security features that will ensure the prescription order is not subject to any form of copying or alteration.
5. On an oral prescription order that is reduced promptly to writing and filed by the pharmacist.
6. By refilling any written, electronically transmitted or oral prescription order if a refill is authorized by the prescriber either in the original prescription order, by an electronically transmitted refill order that is documented promptly and filed by the pharmacist or by an oral refill order that is documented promptly and filed by the pharmacist.
7. On a prescription order that the prescribing medical practitioner or the prescribing medical practitioner's agent transmits by fax or electronic mail.
8. On a prescription order that the patient transmits by fax or by e-mail if the patient presents a written prescription order bearing the prescribing medical practitioner's manual signature when the prescription-only drug is picked up at the pharmacy.

B. A prescription order shall not be refilled if it is either:

1. Ordered by the prescriber not to be refilled.
2. More than one year since it was originally ordered.

C. A prescription order shall contain the date it was issued, the name and address of the person for whom or owner of the animal for which the drug is ordered, refills authorized, if any, the legibly printed name, address and telephone number of the prescribing medical practitioner, the name, strength, dosage form and quantity of the drug ordered and directions for its use.

D. Any drug dispensed in accordance with subsection A of this section is exempt from the requirements of section 32-1967, except subsection A, paragraphs 1, 10 and 11 and the packaging requirements of subsection A, paragraphs 7 and 8, if the drug container bears a label containing the name and address of the dispenser, serial number, date of dispensing, name of the prescriber, name of the patient, or, if an animal, the name of the owner of the animal and the species of the animal, directions for use and cautionary statements, if any, contained in the order. This exemption does not apply to any drug dispensed in the course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or the internet or to a drug dispensed in violation of subsection A of this section.

E. The board by rule also may require additional information on the label of prescription medication that the board believes to be necessary for the best interest of the public's health and welfare.

F. A prescription-only drug or a controlled substance that requires a prescription order is deemed to be misbranded if, at any time before dispensing, its label fails to bear the statement "Rx only". A drug to which subsection A of this section does not apply is deemed to be misbranded if, at any time before dispensing, its label bears the caution statement quoted in this subsection.

G. A pharmacist may fill a prescription order for soft contact lenses only as provided in this chapter.

ARS TITLE PAGE NEXT DOCUMENT PREVIOUS DOCUMENT

32-871. Dispensing of drugs and devices; conditions; definition.

A. A podiatrist may dispense drugs and devices kept by the podiatrist if:

1. All drugs are dispensed in packages labeled with the following information:

- (a) The dispensing podiatrist's name, address and telephone number.
- (b) The date the drug is dispensed.
- (c) The patient's name.
- (d) The name and strength of the drug, directions for its use and any cautionary statements.

2. The dispensing podiatrist enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.

3. The dispensing podiatrist keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

B. Except in an emergency situation, a podiatrist who dispenses drugs for a profit without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

C. Prior to dispensing a drug pursuant to this section the patient shall be given a written prescription on which appears the following statement in bold type: "This prescription may be filled by the prescribing podiatrist or by a pharmacy of your choice."

D. A podiatrist shall dispense for profit only to his own patient and only for conditions being treated by that podiatrist. The podiatrist shall provide direct supervision of a nurse or attendant involved in the dispensing process. In this subsection, "direct supervision" means that a podiatrist is present and makes the determination as to the legitimacy or the advisability of the drugs or devices to be dispensed.

E. This section shall be enforced by the board which shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to assure compliance with this section and applicable rules.

F. For the purposes of this section, "dispense" means the delivery by a podiatrist of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

ARS TITLE PAGE NEXT DOCUMENT PREVIOUS DOCUMENT

32-1298. Dispensing of drugs and devices; conditions; definition

A. A dentist may dispense drugs and devices kept by the dentist if:

1. All drugs are dispensed in packages labeled with the following information:

(a) The dispensing dentist's name, address and telephone number.

(b) The date the drug is dispensed.

(c) The patient's name.

(d) The name and strength of the drug, directions for its use and any cautionary statements.

2. The dispensing dentist enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.

3. The dispensing dentist keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

B. Except in an emergency situation, a dentist who dispenses drugs for a profit without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

C. Prior to dispensing a drug pursuant to this section the patient shall be given a written prescription on which appears the following statement in bold type:

"This prescription may be filled by the prescribing dentist or by a pharmacy of your choice."

D. A dentist shall dispense for profit only to his own patient and only for conditions being treated by that dentist. The dentist shall provide direct supervision of an attendant involved in the dispensing process. In this subsection, "direct supervision" means that a dentist is present and makes the determination as to the legitimacy or advisability of the drugs or devices to be dispensed.

E. This section shall be enforced by the board which shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to assure compliance with this section and applicable rules.

F. For the purposes of this section, "dispense" means the delivery by a dentist of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

ARS TITLE PAGE	NEXT DOCUMENT	PREVIOUS DOCUMENT
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32-1491. Dispensing of drugs and devices; civil penalty; conditions; definition

A. A doctor of medicine may dispense drugs and devices kept by the doctor if:

1. All drugs are dispensed in packages labeled with the following information:

- (a) The dispensing doctor's name, address and telephone number.
- (b) The date the drug is dispensed.
- (c) The patient's name.
- (d) The name and strength of the drug, directions for its use and any cautionary statements.

2. The dispensing doctor enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.

3. The dispensing doctor keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

4. The doctor registers with the board to dispense drugs and devices and pays the registration fee prescribed by section 32-1436.

B. Except in an emergency situation, a doctor who dispenses drugs without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

C. Before a physician dispenses a drug pursuant to this section the physician shall give the patient a prescription and inform the patient that the prescription may be filled by the prescribing physician or by a pharmacy of the patient's choice.

D. A doctor shall dispense only to the doctor's own patient and only for conditions being treated by that doctor. The doctor shall provide direct supervision of a medical assistant, nurse or attendant involved in the dispensing process. In this subsection, "direct supervision" means that a doctor is present and makes the determination as to the legitimacy or the advisability of the drugs or devices to be dispensed.

E. This section shall be enforced by the board, which shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic reviews of dispensing practices to assure compliance with this section and applicable rules.

F. For the purposes of this section, "dispense" means the delivery by a doctor of medicine of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

32-1581. Dispensing of natural substances, drugs and devices; conditions; civil penalty; dispensing minerals; definitions

A. A doctor of naturopathic medicine may dispense a natural substance, drug or device to a patient for a condition being diagnosed or treated by the doctor if:

1. The doctor is certified to dispense by the board and the certificate has not been suspended or revoked by the board.
2. The natural substance, drug or device is dispensed and properly labeled with the

following dispenser information:

- (a) The dispensing doctor's name, address and telephone number and a prescription number or other method of identifying the prescription.
- (b) The date the natural substance, drug or device is dispensed.
- (c) The patient's name.
- (d) The name and strength of the natural substance, drug or device, directions for proper and appropriate use and any cautionary statements for the natural substance, drug or device. If a generic drug is dispensed the manufacturer's name must be included.

3. The dispensing doctor enters into the patient's medical record the name and strength of the natural substance, drug or device dispensed, the date the natural substance, drug or device is dispensed and the therapeutic reason.

4. The dispensing doctor keeps all prescription-only drugs, controlled substances and prescription-only devices in a secured cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

B. Except in an emergency, a doctor of naturopathic medicine who dispenses a natural substance, drug or device without being certified to dispense by the board is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and may be prohibited from further dispensing for a period of time as determined by the board.

C. Before dispensing a natural substance, drug or device pursuant to this section, the treating doctor shall give the patient or the patient's legal guardian a written prescription and must inform the patient or the patient's legal guardian that the prescription may be filled by the prescribing doctor or the pharmacy of the patient's choice. If the patient chooses to have the medication dispensed by the doctor, the doctor must retrieve the written prescription and place it in a prescription file kept by the doctor.

D. A doctor of naturopathic medicine shall provide direct supervision of a nurse or attendant involved in the dispensing process. For the purposes of this subsection, "direct supervision" means that a doctor of naturopathic medicine is present and makes the determination as to the necessary use or the advisability of the natural substance, drug or device to be dispensed.

E. The board shall enforce this section. The board shall adopt rules regarding the dispensing of a natural substance, drug or device including the labeling, record keeping, storage and packaging of natural substances that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to assure compliance with this section and applicable rules.

F. This section does not prevent a licensed practical or professional nurse employed by a doctor of naturopathic medicine from assisting in the delivery of natural substances, drugs and devices in accordance with this chapter.

G. Before prescribing or dispensing a mineral to a patient, the treating physician shall perform necessary clinical examinations and laboratory tests to prevent toxicity due to the excessive intake of magnesium, calcium and other minerals. The board shall adopt rules necessary for the safe administration of minerals. These rules shall require prior certification of a physician who prescribes or dispenses minerals to a patient.

H. For the purposes of this section:

1. "Device" means an appliance, apparatus or instrument administered or dispensed to a patient by a doctor of naturopathic medicine.
2. "Dispense" means the delivery by a doctor of naturopathic medicine of a natural substance, drug or device to a patient and only for a condition being diagnosed or treated by that doctor, except for free samples packaged for individual use by licensed manufacturers or repackagers, and includes the prescribing, administering,

packaging, labeling and security necessary to prepare and safeguard the natural substance, drug or device for delivery to the treating doctor's own patient.

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32-1871. Dispensing of drugs and devices; conditions

A. An osteopathic physician may dispense drugs and devices kept by the physician if:

1. All drugs are dispensed in packages labeled with the following information:

(a) The dispensing physician's name, address and telephone number.

(b) The date the drug is dispensed.

(c) The patient's name.

(d) The name and strength of the drug, directions for its use and any cautionary statements.

2. The dispensing physician enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.

3. The dispensing physician keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

4. The dispensing physician annually registers with the board to dispense drugs and devices.

5. The dispensing physician pays the registration fee prescribed by the board pursuant to section 32-1826. This paragraph does not apply if the physician is dispensing in a nonprofit practice and neither the patient nor a third party pays or reimburses the physician or the nonprofit practice for the drugs or devices dispensed.

6. The dispensing physician labels dispensed drugs and devices and stores them according to rules adopted by the board.

B. Except in an emergency situation, a physician who dispenses drugs without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

C. Prior to dispensing a drug pursuant to this section, the patient shall be given a written prescription on which appears the following statement in bold type:

"This prescription may be filled by the prescribing physician or by a pharmacy of your choice."

D. A physician shall dispense only to the physician's patient and only for conditions being treated by that physician.

E. The board shall enforce this section and shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to assure compliance with this section and applicable rules.

F. If a physician fails to renew a registration to dispense or ceases to dispense for any reason, within thirty days that physician must notify the board in writing of the remaining inventory of drugs and devices and the manner in which they were disposed.

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32-2281. Dispensing of drugs and devices; conditions; definition

A. A veterinarian may dispense drugs and devices kept by the veterinarian if:

1. All prescription-only drugs are dispensed in packages labeled with the following information:

- (a) The dispensing veterinarian's name, address and telephone number.
- (b) The date the drug is dispensed.
- (c) The animal owner's name and the animal's or herd's identification.
- (d) The name, strength and quantity of the drug, directions for its use and any cautionary statements.

2. The dispensing veterinarian enters into the medical record the name, strength and quantity of the drug dispensed, the date the drug is dispensed and the therapeutic reason.

B. The board shall adopt rules providing that the animal's owner or the person responsible for the animal shall be notified that some prescription-only drugs may be available at a pharmacy and a written prescription may be provided to the animal's owner or the person responsible for the animal if requested.

C. A veterinarian shall dispense only to the animal's owner or person responsible for the animal he is treating and only for conditions being treated by that veterinarian. The veterinarian shall supervise the dispensing process. In this subsection, "supervision" means that a veterinarian makes the determination as to the legitimacy or the advisability of the drugs or devices to be dispensed.

D. This section shall be enforced by the board, which shall establish rules regarding access to and labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to assure compliance with this section and applicable rules.

E. For the purposes of this section, "dispense" means the delivery by a veterinarian of a prescription-only drug or device to an animal, an animal's owner or the person responsible for an animal and includes the prescribing, administering, packaging, labeling, compounding and security necessary to prepare and safeguard the drug or device for delivery.

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32-2951. Dispensing drugs and devices; conditions; definition

A. A person who is licensed pursuant to section 32-2912, subsection A may dispense drugs and devices kept by the licensee, including controlled substances, prescription-only drugs, homeopathic medications and nonprescription drugs, if:

1. The licensee includes the following information on the label of each controlled substance and prescription-only drug and on the label or accompanying instruction sheets of each homeopathic medication or nonprescription drug:

(a) The licensee's name, address and telephone number.

(b) The date the drug is dispensed.

(c) The patient's name.

(d) The name and strength of the drug, the quantity dispensed, directions for its use and any cautionary statements.

(e) The number of authorized refills.

2. The licensee enters into the patient's medical record the name, strength and potency of the drug dispensed, the date the drug is dispensed, the dosing schedule, the number of refills and the therapeutic reason.

3. The licensee keeps all controlled substances in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

4. The licensee pays a permit fee prescribed under section 32-2914.

B. Except in an emergency situation, a licensee who dispenses drugs for a profit without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

C. Before a licensee dispenses a controlled substance or a prescription-only pharmaceutical drug pursuant to this subsection A of this section, the licensee shall give the patient a written prescription on which appears the following statement in bold type:

"This prescription may be filled by the prescribing physician or by a pharmacy of your choice."

D. The licensee shall include the following information on a prescription order:

1. The date it is issued.

2. The patient's name and address.

3. The name, strength and quantity of the drug.

4. Two signature lines for the licensee. The right side of the prescription form under the signature line shall contain the phrase "Substitution Permissible" and the left side under the signature line shall contain the phrase "Dispense As Written".

5. The dispensing licensee's drug enforcement agency number for controlled substances.

6. The date and the printed name and signature of the person who prepares, counts or measures the drug, labels the container or distributes a prepackaged drug to the patient or the patient's representative.

E. Before the licensee dispenses a homeopathic medication, including a prescription-only homeopathic medication or a nonprescription drug, the licensee shall give the patient a written statement on which appears the following statement in bold type:

"Prescriptions may be filled by this prescribing physician or by a pharmacy of your choice."

F. A person who is licensed pursuant to section 32-2912, subsection A shall dispense controlled substances and prescription-only drugs for profit only to the licensee's own patient and only for conditions being treated by that licensee. The licensee shall personally determine the legitimacy or advisability of the drugs dispensed and shall document in writing the licensee's procedures for supervising the role of nurses and attendants in the dispensing process.

G. A person who is licensed pursuant to section 32-2912, subsection B may dispense only those drugs and devices kept by that licensee that are homeopathic medications and nonprescription drugs including nutritional supplements and must include the following information on the label or accompanying instruction sheets of each homeopathic medication or nonprescription drug:

1. The dispensing licensee's name, address and telephone number.

2. The date the substance is dispensed.

3. The patient's name.

4. The name and strength of the substance, the quantity dispensed, directions for its use and any cautionary statements.

H. A licensee who dispenses drugs and devices pursuant to subsection G of this section must enter into the patient's medical record the name, strength and potency of the substance dispensed, the date the substance is dispensed, the dosing schedule and the therapeutic reason.

I. A person who is licensed pursuant to section 32-2912, subsection B may not dispense controlled substances or prescription-only substances.

J. This section shall be enforced by the board, which shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to ensure compliance with this section and applicable rules.

K. For the purposes of this section, "dispense" means the delivery by a licensee of a drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.



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Morbidity and Mortality Weekly Report (MMWR)

Contact Lens Wearer Demographics and Risk Behaviors for Contact Lens-Related Eye Infections — United States, 2014

Weekly

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Contact lenses provide safe and effective vision correction for many Americans. However, contact lens wearers risk infection if they fail to wear, clean, disinfect, and store their contact lenses as directed. Over the past decade, CDC has investigated several multistate outbreaks of serious eye infections among contact lens wearers, including *Acanthamoeba* keratitis (1). Each investigation identified frequent contact lens hygiene-related risk behaviors among patients. To guide prevention efforts, a population-based survey was used to estimate the number of contact lens wearers aged ≥18 years in the United States. A separate online survey of contact lens wearers assessed the prevalence of contact lens hygiene-related risk behaviors. Approximately 99% of wearers reported at least one contact lens hygiene risk behavior. Nearly one third of contact lens wearers reported having experienced a previous contact lens-related red or painful eye requiring a doctor's visit. An estimated 40.9 million U.S. adults wear contact lenses, and many could be at risk for serious eye infections because of poor contact lens wear and care behaviors. These findings have informed the creation of targeted prevention messages aimed at contact lens wearers such as keeping all water away from contact lenses, discarding used disinfecting solution from the case and cleaning with fresh solution each day, and replacing their contact lens case every 3 months.

Nearly one million U.S. health care visits for keratitis (inflammation of the cornea) or contact lens complications occur annually, at a cost of \$175 million (2). The largest single risk factor for microbial keratitis is contact lens wear (3). Quantifying the number of contact lens wearers at risk for serious eye infections is important for future prevention efforts, but requires a population-based estimate of the number of contact lens wearers in the United States.

To estimate the size of the population at risk for contact lens-related complications in the United States and describe its demographics, the Porter Novelli 2014 summer ConsumerStyles survey, an online survey of 4,269 respondents, was used.* Participants in the ConsumerStyles survey were part of market research firm GfK's Knowledge Panel. Panel members are recruited using address-based probability sampling methods and are provided with internet access and a computer if needed. ConsumerStyles survey participants receive entry into a monthly sweepstakes with a prize usually worth <\$500. Statistical weighting was used to make the panel representative of the U.S. population on age, sex, race/ethnicity, education level, household income, household size, census region, metropolitan status, and internet access before joining the panel. Respondents were asked demographic questions and what type of contact lenses they wore.

To describe the prevalence of contact lens hygiene-related risk behaviors, an adapted version of the Contact Lens Risk Survey, a previously validated survey,[†] was administered to a convenience sample of online, contact lens-wearing panelists to describe the prevalence of usual contact lens hygiene-related risk behaviors. Participants were members of market research firm Schlesinger Associates' research panel and wore contact lenses. Panel members are recruited in-person or via internet advertising, email campaigns, or telephone calls. Questions about usual contact lens-related behaviors included the following responses regarding the usual frequency of the behavior: always, fairly often, sometimes, infrequently, or never. For this report, questions with these responses were coded as "ever" if the response was not "never."

Using the population-based survey, an estimated 40.9 million persons in the United States aged ≥18 years wear contact lenses (16.7% of U.S. adults)[§]; 93.0% of contact lens wearers reported wearing soft contact lenses (lenses made of soft, flexible plastics that allow oxygen to pass through to the cornea). Overall, contact lens wearers were younger, female, more educated, and of white, non-Hispanic race/ethnicity when compared with non-contact lens wearers (Table 1). No significant geographic differences between contact lens wearers and non-contact lens wearers were found. Among subtypes of contact lens wearers, rigid contact lens (lenses made of more durable materials resistant to deposit

buildup) wearers did not differ significantly in age from non-contact lens wearers, although wearers of soft, daily disposable (lenses worn once and discarded) and overnight contact lens (lenses prescribed for wear while sleeping) were significantly younger.

Approximately 1,000 contact lens wearers completed the Contact Lens Risk Survey. Respondents were mostly female (82%) and aged ≥ 40 years (62%). Approximately 99% of respondents reported at least one contact lens hygiene behavior previously associated with an increased risk for eye infection or inflammation (Table 2). Half or more of wearers reported ever sleeping overnight in contact lenses (50.2%), ever napping in contact lenses (87.1%), ever topping off disinfecting solution (adding new solution to existing solution in the contact lens case instead of emptying and cleaning the case before adding new solution, 55.1%), extending the recommended replacement frequency of lenses (49.9%) or cases (82.3%), and ever showering (84.9%) or swimming (61.0%) in contact lenses. Approximately one third (35.5%) of contact lens wearers reported ever rinsing their lenses in tap water and 16.8% reported ever storing their lenses in tap water. Almost all rigid wearers (91.3%) reported ever rinsing their lenses in water, and 33.3% reported ever storing their lenses in tap water. Nearly one third of all wearers reported ever having experienced a contact lens-related red or painful eye that required a doctor's visit.

Discussion

An estimated one in six adults in the United States wears contact lenses, and one third of them report at least one health care visit for a red or painful eye while wearing lenses. Approximately 99% of contact lens wearers reported at least one risk behavior ever for eye infections or inflammation. Of particular concern, contact lens wearers of all types frequently reported exposure of their contact lenses to water, including storing or rinsing their lenses in tap water and showering or swimming while wearing lenses. Exposure of lenses to water raises the risk for infection because microorganisms living in water can be transferred to the eye. Even household tap water, although treated to be safe for drinking, is not sterile and contains microorganisms that can contaminate lens cases and contact lenses and cause eye infections.

Sleeping in contact lenses was a frequently reported behavior. Although many soft and some rigid contact lenses have U.S. Food and Drug Administration-approved indications for overnight wear, sleeping in any type of contact lens increases risk for eye infection, although the precise mechanism is not known (4). Noncompliance with recommended lens and case replacement schedules was also commonly reported. Infrequent replacement of contact lens cases has been linked to serious eye infections (5). Additionally, contact lens wearers who do not follow recommended contact lens replacement schedules have more complications and eye discomfort (6). These behaviors raise the risk for eye infections because repeated handling of the lens and case provides opportunities for introduction of microorganisms, while the moist surface of the lens and case provide an environment conducive to microbial growth. This risk is compounded if wearers top off solution in the case, as a majority of surveyed contact lens wearers reported having done at least once. Topping off also decreases the effectiveness of contact lens disinfection (7).

Daily disposable contact lens wearers might have a lower risk for infection if contact lenses are disposed of daily as recommended. Although 40% of daily disposable contact lens wearers did not use a case, thereby avoiding potential contamination associated with the case, a large proportion of daily disposable contact lens wearers did use a case and did so improperly, using tap water to store their lenses.

The number of contact lens wearers in the United States presented here is higher than previous estimates. Another study estimated 38 million contact lens wearers, although the data collection methods were not described (8). A more recent study used data from the National Health and Nutrition Examination Survey (NHANES) and estimated that 18.6 million persons aged ≥ 12 years wore contact lenses (9). However, the NHANES protocol used a more restrictive contact lens wearer definition[¶] and might have underestimated the total number of contact lens wearers in the United States. The demographic patterns observed in the population used for the estimate reported here were similar to the NHANES population; however, the estimate reported here, based on self-reported contact lens use, is a more inclusive estimate. Contact lens wearers are younger on average than non-contact lens wearers. Teens and college age persons (those aged 15–25 years) have been associated with lower contact lens compliance and with higher risk for corneal inflammatory events, a category of eye problems that includes serious eye infections (10).

The findings in this report are subject to at least two limitations. First, the estimated number of contact lens wearers in the United States reported here does not include those aged < 18 years. Since younger age is a predictor of more frequent complications, the current estimate does not include some contact lens wearers who might be most at risk for complications. Second, the Contact Lens Risk Survey used a convenience sample and respondents were more likely to be older and female than the general contact lens-wearing population. Because risk factors have been shown to vary by age, the survey might have underestimated the prevalence of contact lens risk behaviors.

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Professional Edition



Tyler's Quarterly
Soft Contact Lens
Parameter Guide

Plus Gas Perms

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This was taken directly, without editing other than adding highlighting), from www.contactlenses.co.uk (the UK equivalent to our 1-800 Contacts or other online retailers). Legislators are being misled when they are told that you don't need a prescription to order contacts in Europe. The rule is that on-line retailers don't need to see the Rx or have it downloaded, but you do need to have annual exams and a contact lens fitting in order to get contacts and the consumer must sign a waiver stating the RX is current. The contact lens DOES specify brand/ manufacturer in the UK.

- **Prescriptions & Eye Tests**

- **What is a Contact Lens Prescription?**

A contact lens prescription will provide details of the brand, lens parameters and the power. It will be signed and dated by your practitioner. A contact lens prescription is different from a sight test prescription. Contact lenses come into direct contact with the eye and, for this reason, there are additional measurements needed for fitting a contact lens and these need to be included in the prescription.

We do not require to see your contact lens prescription when you order contact lenses. When you order from us, you will need to agree to our Terms & Conditions which indicates acceptance that your prescription is current and suitable for you. It is important to have an annual contact lens checkup with your eye care practitioner to ensure that your eyes stay healthy.

- **New to Buying Lenses Online?**

Buying contact lenses online is simple and convenient and getting them delivered directly to your door quickly certainly beats queueing at your Opticians on your day off!

Ordering your contact lenses online is safe and easy and we supply exactly the same lenses, from the same manufacturers, as you get from your Opticians - only cheaper. To date we have supplied over 1 million orders to our customers and have been open since 2002.

Ordering is easy - you can order online (the easiest route!) or by telephone and all you need is your prescription details, which you can find on your existing contact lens boxes. Have a look at our [short video](#) here to show you where to find those all important 'numbers'.¹ UK Only

- **Getting Your Prescription**

Your prescription can be found on your existing contact lenses box. Grab them and have a look at our [short video](#) here, so that you understand where to look for your prescription. Once you have this and the name of your lenses, it is easy to find and order them online.

Alternatively, ask your Optician or Eye Doctor for a copy of your 'Contact Lens Prescription'. You will find on it all the details to enable you to order online. Make sure you get a contact lens prescription and not a spectacle prescription, as they are different!

If you are new to contact lenses you will need to visit your Optician or Eye Doctor to have a 'contact lens fitting'. They will measure your eyes, chat to you about the different type of contact lenses available and what would best suit your requirements and then try some lenses in your eyes. Once they are satisfied with how they fit and adjust for the best vision, they can issue a contact lens prescription that you can then use to order online.

Contact Lenses without Prescription

We are often asked if you can order your contact lenses online without a prescription? After all, it is common to lose your prescription, or for it to be just out of date, and you are desperate for contact lenses. Sometimes, a customer is just uncomfortable asking his optometrist for the prescription so that they can buy online, or they don't want them to know that you are buying online. The answer is YES.

Even under USA law it is not illegal for a US customer to order contact lenses from a Non - USA site. *(This is misleading because it doesn't say that it is illegal to sell without a valid Rx in US).* We despatch to you from the UK, so you are quite safe, and we only use guaranteed manufacture brand lenses.

Of course, we only advise this option if you know your prescription is correct, and that you are ordering contact lenses originally prescribed by your eye care practitioner.

Why Should you Buy Your Contact Lenses Without a Prescription from us?

- Great prices - all prices include taxes and there are no hidden 'handling fees'
- Low cost postage worldwide and Free in the UK
- Safe Shopping
- Trusted Company - we have delivered over 2 million orders to satisfied customers since we started in 2003
- We only use genuine manufactures products i.e Johnson & Johnson, Bausch & Lomb and Cibavision
- Read our customer testimonials on [Pricegrabber](#)

It is easy to find out your contact lens prescription - it is on your contact lenses boxes. See our examples [here](#).

Commonly Asked Questions

Is it safe to order Contact lenses without a Prescription?

It is safe to order replacement lenses from a trusted supplier if:

- you are wearing the lenses and have no current problems i.e red eyes/blurred vision/discomfort.
- you have been correctly fitted with contact lenses originally by a qualified practitioner.
- you have a contact lens check up once a year.

It is not advisable to:

- order contact lenses online if you have never been fitted for them before. First get fitted, get comfortable with the lenses and then, when you are happy, you can look to save money by ordering online for your replacement contacts.

So, as long as you stick to these simple rules, you can safely order contact lenses online, and save yourself money on each order.